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ABSTRACT

This study identified events which produce a fear response in college students. A Fears Inventory comprised of 35 events or experiences which people fear or find unpleasant was administered to 197 students in a large midwestern university. Items were grouped into six categories: natural disasters, violence, emotional/social, school, health, and miscellaneous. Differences were found between males and females in the emotional/social, violence, school, and miscellaneous categories as well as total fear scores. Significant differences were found in specific fear categories and total fear score for age and year in school; a decrease in scores was noted in older students. Strong positive correlations were found between total fear scores and the emotional/social fears and miscellaneous fears categories. Data suggest key events which elicit fear responses that should be addressed in school and community health education programs. (Author/JD)

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PERCEIVED FEARS OF SELECTED UNIVERSITY STUDENTS

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Abstract

The purpose of this study was to identify events which produce a fear response in selected university students. A Fears Inventory comprised of 35 events or experiences which people fear or find unpleasant was administered to 197 students in general health education classes at a large midwestern university. Mean scores for each fear event were calculated and ranked. Items were grouped into six categories: natural disasters, violence, emotional/social, school, health, and miscellaneous.

Statistically significant differences ($p<.05$) were found between males and females in the emotional/social, violence, school, and miscellaneous categories as well as total fear score. One-way ANOVAs for age and year in school revealed statistically significant differences ($p<.05$) in specific fear categories and total fear score. Strong positive correlations were found between the total fear score and the emotional/social fears and miscellaneous fears categories.

Data suggest key events which elicit fear responses in university students that should be addressed in school and community health education programs. Ability to cope with fears is critical to the learning process. Recognition of fears will enable parents, school personnel and community health educators to assist students in learning positive coping mechanisms. Further investigation of events perceived as fearful is warranted.

Introduction

"Fear is both an inevitable and an essential emotion" (Jersild, Telford, & Sawrey, 1975, p. 319). No person is free from fear. Fear may arise from a variety of past experiences such as loss of control, loss of loved ones, emotional upsets, and threatening situations.

Fear has been a concern of mental health professionals for over three decades. In the early 1950's, fear was defined as "one of the most primitive, violent, and usually crippling emotions, marked by extensive bodily changes, and by behavior of the flight or concealment character" (Drever, 1952, p.94). More contemporary research has used the term fear to denote "a variety of apprehensions, ranging from acute fear of obvious dangers to a more complicated kind of uneasiness" (Jersild, Telford, & Sawrey, 1975, p. 319).

Studies have revealed that some fears are present throughout the lifespan. For instance, "untimely death or early loss of loved ones is intensely feared at all ages" (Rose & Ditto, 1983, p. 367). In contrast, fear of one's own impending death seems to decrease from adolescence to later life (Abe & Masui, 1981; Rose & Ditto, 1983).

At different stages of development, different types of fears are likely to appear. During childhood, "the tendency to respond to an event as actually or potentially dangerous is relative to the child's level of development" (May, 1950, p. 90). "Some fears, such as those of snakes and thunderstorms, are far too common to be attributed to direct exposure" (Rose & Ditto, 1983, p. 362). Early fears may arise, however, in response to environmental determinants. Children commonly exhibit fear of punishment, cemeteries and injections (Jersild, Telford, & Sawrey, 1975; Rose & Ditto, 1983). Conditioning or modeling may provoke fears of animals and the dark (Gibson, 1976). In contemporary times, a broader range of fears encompasses distant

dangers such as nuclear war, nuclear plant disasters, "adult world" politics, and the uncertainty of the future (Blackwell & Gessner, 1983; Goldenring & Doctor, 1984; Jersild, Telford, & Sawrey, 1975; Solantaus, Rimpela, & Taipale, 1984).

With increasing age, children tend to lose many of their fears (Jersild, Telford, & Sawrey, 1975; Rachman, 1968). A corresponding decrease in frequency of overt expression of fears occurs as children grow older. This does not mean, however, that the role of fear is declining.

About age eleven, a second peak of fears occurs (Jersild, Telford & Sawrey, 1975; Rachman, 1968) just as children are confronting the changes of adolescence. Instability and conflict are inherent in the nature of adolescence. Both familiar and unfamiliar situations are encountered. Many adolescents are unprepared to move from one phase of life to another. They may feel a sense of dread and fear of losing control. Simultaneously, they desire to appear independent and mature. These conflicting demands place adolescents at greater risk of crisis and arousal of fears.

Social fears have been identified as particularly apparent during the adolescent period. Fear of social rejection, fear of exposure in public, school-related problems, and fears relating to interpersonal relationships are prominent during the evolution of adolescent identity (Abe & Masui, 1981; Bamber, 1977; Erikson, 1968; Wayne & Rubel, 1982). Individuals, such as adolescents and young adults, who are moving from one stage of development to another are more likely to perceive events as fearful. Responses to fears may interfere with growth and development. For instance, an inverse relationship exists between students' feelings of self-worth and their fears (Wayne & Rubel, 1982). Awareness and understanding of contemporary fearful events is an essential first step in helping adolescents cope with their fears.

Purpose

The purpose of this study was to identify events or experiences which produce a fear response in selected university students. Review of the literature revealed fear inventories or surveys containing items referring to a range of objects or situations which were presumed to evoke varying degrees of fear in some segment of the population (Akutagawa, 1956; Geer, 1965; Wolpe & Lang, 1964). These fear survey schedules were designed primarily for use in research on and clinical practice of behavioral therapy. Fear categories included: animals, tissue damage, noises, classical phobias, social or interpersonal, and miscellaneous. More recent scales measured specific fears, e.g., crime (Jeffords, 1983), nuclear war (Solantaus, Rimpela, & Taipale, 1984), and social fear (Raulin & Wee, 1984). General survey instruments which could be used to assess common fears leading to feelings of apprehension or anxiety in adolescents were not found.

Methodology

A Fears Inventory comprised of 35 events or experiences which individuals commonly fear or find unpleasant was developed. Choice of inventory items was based on a review of the literature relating to the concepts of fear, anxiety, and adolescence (Bamber, 1974, 1979; Erikson, 1968; Goldenring & Doctor, 1984; Jersild, Telford, & Sawrey, 1975; May, 1950; Rachman, 1975, 1978).

The Fears Inventory was administered to 197 students in general health education classes at a large midwestern university. Respondents scored each event or experience on a scale from 1 (little fear) to 5 (much fear). Demographic descriptors included gender, age, year in school, and ethnic background. Descriptive statistics for each fear event were calculated. Mean scores and standard deviations for each item were ranked.

Individual fear events (Table 1) were grouped into six categories: natural disasters, violence, emotional/social, school-related, health-related, and miscellaneous. Scores for each category and overall fear scores were calculated. Student's t-tests for mean differences between males and females for each of the six categories and total fear score were computed. One-way analyses of variance were performed to determine differences related to respondents' age and year in school for each of the six fear categories and total fear score. Duncan's multiple range tests were conducted when the analysis of variance was statistically significant at the .05 alpha level.

[Insert Table 1 about here]

The 35 fear events were further identified as those over which students have some control and those over which they have little or no control. Eight items (death of a parent, nuclear war, tornado, cancer, earthquake, your own death, lightning and thunder, and heart attack) were categorized as fearful events or experiences over which students have little or no control. Pearson product moment correlation coefficients were calculated between these two categories (control/no control) and total fear score.

Principle Findings

Properly completed surveys were received from 181 respondents, 94 males (51.9%) and 87 females (49.1%). Ages of study participants ranged from 17-36 years. The mean age was 19.8 years. The sample was comprised of 89 freshmen (49.2%), 26 sophomores (14.4%), 35 juniors (19.3%), 29 seniors (16.0%), and 2 graduate students (1.1%). Ethnic backgrounds of respondents were as follows: 144 Caucasian, (79.6%), 24 Black (13.2%), 2 Hispanic (1.1%), and 11 Asian (6.1%).

Mean scores and standard deviations of all fearful events and experiences can be found in Table 2. The five events feared most by the total sample were

death of a parent, nuclear war, failing grades, automobile accidents, and cancer. However, death of a parent, nuclear war, and sexual assault were most feared by females while death of a parent, losing friends, and failing grades were most feared by males. Mean scores for females were higher than males on 28 of the 35 fear-related items.

The minimum and maximum scores for an individual on the Fears Inventory were 35 and 175 respectively. The mean total fear score for females was 93.01 (s.d. 20.96) while the mean score for males was 81.56 (s.d. 19.52).

[Insert Table 2 about here]

Using Student's t-tests, statistically significant differences ($p<.05$) between males and females were determined in the violence, school-related, emotional/social, and miscellaneous fear categories as well as in total fear scores. Results of statistically significant t-tests can be found in Table 3.

[Insert Table 3 about here]

One-way analysis of variance based on respondents' ages for the six fear categories and total fear score revealed statistical significance at the .05 alpha level in the violence and emotional/social fear categories and total fear score. Duncan's multiple range test showed that mean scores of 17-year-olds were significantly different from 28- and 36-year old students in violence, from 25- and 29-year old students in emotional/social fears, and from 25-year old students in total fear scores. Since cell sizes were not equal (six age groups contained one-to-three respondents), these findings are inconclusive.

Statistically significant differences ($p<.05$) were also found in analysis of variance based on year in school in emotional/social fears, school-related fears, and total fear scores. Duncan's multiple range tests showed that mean scores of students in their sophomore year were significantly different from

graduate student scores in school-related fears, emotional/social fears, and total fear scores. Since the sample only included two graduate students, these results cannot be generalized.

[Insert Tables 4 and 5 about here]

Strong positive correlations were found between total fear score and the emotional experiences category (.865), and the miscellaneous category (.881). Moderate correlations were shown between disaster (.678), violence (.705), school-related fears (.632), health-related fears (.765) and the total fear score. The Pearson correlation coefficient calculated between events over which students have little or no control and the total fear score was .800, while the correlation coefficient between events and experiences over which students have some control was .959.

Discussion

Gender differences have been identified consistently in research related to fear (Abe & Masui, 1981; Bamber, 1974; Fredrikson, 1983; Geer, 1965; Rachman, 1978; Wayne & Rubel, 1982). Investigations revealed differences between males and females in prevalence of specific types of reported fears, and degree or intensity of fears. "In all major investigations it has been observed that woman express fears of more objects and situations than men and that they indicate higher degrees of fear" (Rachman, 1978, p. 137). The results of this study are consistent with earlier findings. Female respondents reported more intense fears of a greater number of events than did males. Mean scores of females for 13 items were greater than 3.0, while six items had mean scores higher than 3.0 from male respondents.

As in previous studies, it is "unclear whether sex differences in reported fear reflect true differences in fear or some sex response bias such that males underestimate and/or females overestimate their fears"

(Frederikson, 1983, p. 333). This difference perhaps is not due to greater apprehension in females, but instead may reflect a greater willingness to admit their fears.

Goldenring and Doctor (1984) described a study of common fears in 1000 adolescents between the ages of 11 and 19. The two most fearful events were identified as death of a parent and nuclear war. Results of this study supported these findings.

However, gender differences in rankings of mean scores were found in subsequent fear items. Males identified their second highest fear as losing friends. This result seems consistent with research on adolescent male social behavior. Erikson (1963) emphasized the importance of peer group membership in later adolescent identity. College-age males tend to become involved in fraternal organizations, establish identities based on affiliation and develop close friendships with other males. The third highest fear of males was identified as failing grades. Pressure from parents and adults to obtain passing grades and a college degree for future employment may account for these results. The second highest fear identified by females in the sample was nuclear war. A wide range of background or educational experiences that were not assessed in this study could evoke these responses. Sexual assault received the third highest ranking from females. This high ranking of sexual assault, as well as other items related to violence (fear of guns and fear of mugging), could result from vulnerability of females on college and university campuses, media coverage, and a general increase in societal awareness.

Significant differences found in analysis of variance among age groups were inconclusive due to unequal cell size. It is interesting to note, however, that 17-year olds had the highest scores in the violence and emotional/social fear categories and in total fear scores. The Fears

Inventory was administered during fall semester. Seventeen-year old students attending their first semester freshman year would be expected to exhibit more fear and apprehension than older upperclassmen. Duncan's multiple range test for year in school revealed the lowest mean scores for sophomores in school-related fears, emotional/social, and total fear scores. These results seem to suggest that the adjustment from freshman to sophomore year alleviates fears for many students. It is important for health educators to realize the intense period of fear and anxiety in freshman students and make appropriate adjustments to mental health sections of their curricula.

Events over which students had some control correlated more highly (.959) with the total fear score than events over which students had little or no control (.800). These adolescents may feel more "out of control" over "controllable" events than those events they believe are controlled by other forces. The lower correlation suggests an attitude of acceptance of events considered to be "fate" or to be controlled by some "powerful other."

Findings of this study revealed low mean scores for fear of people with deformities (1.60) and fear of people from foreign countries (1.29). These results were particularly interesting to the researchers since a high percentage of handicapped and foreign students are enrolled at the midwestern university used in this study.

Conclusions

Data from this study suggest key events or experiences which elicit fear responses in university students. Individual fear events, such as death of a parent and nuclear war, were identified as highly fearful. Death education and issues related to nuclear war should be emphasized in health education programs.

Bamber (1977) stated that the ten most feared items of adolescents relate to social rejection and fear of exposure in public. Fear categories in this study with the highest grand mean scores were school-related fears (e.g., speaking in public, making mistakes) and emotional/social fears (e.g., losing friends, being ignored, feeling rejected). The individual fears classified in these categories reflect conflict situations that are inherent in the period of adolescence. In many cases, adolescent anxiety results from lack of knowledge concerning these issues. Academic success or failure can be influenced directly by responses to fearful events. "Highly apprehensive students are considerably more likely to have below-average grades than higher grades" (Wayne & Rubel, 1982).

"...Excessive fear may be immobilizing and actually impair existing levels of health behavior" (Stone, 1980). Fears caused by anxiety could lead to regression, withdrawal, school phobia, and other self-destructive behaviors. Common adolescent fears should be addressed in health education lessons and programs in schools. Adolescents must become aware that being fearful of certain events or experiences is a normal part of their growth and development. "A means of coping with the fear-inducing messages must be offered if a positive effect on health behavior is to be achieved" (Stone, 1980). Recognition of fears will enable parents, educators, and administrators to assist adolescents in learning how to confront their fears.

Community health organizations which deal primarily with adolescents should become aware of adolescent fears and their potential impact on health. Attention to fear-related concerns should be a primary focus of programming and services. Networking between school personnel and community health educators, social workers and counselors is essential in helping adolescents deal with these concerns.

Further investigation of events perceived as fearful is warranted. The Fears Inventory was comprised of items selected by the researchers after a review of the literature. Other fear-inducing events or experiences may have been overlooked. Individual experiences (e.g., loss of a loved one) or contemporary events (e.g., contracting AIDS or a nuclear "accident") may elicit new or different fears. An opportunity for inclusion of additional items should be provided for respondents.

The meaningfulness of some findings could not be interpreted due to unequal numbers of respondents in certain groups. Attempts should be made to acquire comparable numbers in each subgroup.

Emphasis in future studies should be placed on fears related to violence, school and emotional/social experiences. Items in these categories reflected the highest levels of fear in university students.

Since research has shown that many fears arise at earlier ages in response to individual experiences, studies of perceived fears in younger age groups should be conducted . Earlier awareness of fears would facilitate earlier development of coping skills.

Health educators should be aware that contemporary day-to-day events may produce fear responses in adolescents. Inclusion of many Fears Inventory topics in classroom discussions and mass media enforce the presence of these events in the adolescent "world." As a result, young people may experience greater difficulty in growth and development tasks. They may become immobilized and unable to utilize previously available resources. Freedom and spontaneity may be impaired while efforts to adapt to the stresses of life are curtailed (Jersild, Telford, & Sawrey, 1975). Parents, teachers and others with whom they interact should encourage adolescents to discuss fear-related events in their lives. During this critical period of adjustment, areas of

fearfulness should be identified and techniques for coping developed. For, indeed, there is more to fear than fear itself.

References

Abe, T., & Masui, T. (1981). Age-sex trends of phobic and anxiety symptoms in adolescents. British Journal of Psychiatry, 138, 297-302.

Akutagawa, D. (1956). A study in construct validity of the psychoanalytic concept of latent anxiety and a test of a projection distance hypothesis. Dissertation Abstracts, 16(9), 82.

Bamber, J. H. (1977). The factorial structure of adolescent responses to a fear survey schedule. The Journal of Genetic Psychology, 130, 229-238.

Bamber, J. H. (1979). The fears of adolescents. San Francisco, CA: Academic Press.

Blackwell, P. L., & Gessner, J. C. (1983). Fear and trembling: An inquiry into adolescent perceptions of living in the nuclear age. Youth & Society, 15, 237-255.

Drever, J. (1952). A dictionary of psychology. Harmondsworth: Penguin.

Erikson, E. H. (1963). Childhood and society. New York: W. W. Norton.

Erikson, E. H. (1968). Identity: Youth and crisis. New York: W. W. Norton.

Fredrikson, M. (1983). Reliability and validity of some specific fear questionnaires. Scandinavian Journal of Psychology, 24, 331-334.

Geer, J. H. (1965). The development of a scale to measure fear. Behavior Research and Therapy, 3, 45-53.

Gibson, J. T. (1976). Psychology for the classroom. Englewood Cliffs, NJ: Prentice-Hall.

Goldenring, J. M., & Doctor, R. M. (1984, May 5). Adolescent fears of war. Lancet, 1(8384), 1022-1023.

Jeffords, C. R. (1983). The situational relationship between age and the fear of crime. International Journal of Aging and Human Development, 17, 103-111.

Jersild, A. T., Telford, C. W., & Sawrey, J. M. (1975). Child psychology. (7th ed.). Englewood Cliffs, NJ: Prentice-Hall.

May, R. (1950). The meaning of anxiety. New York: Ronald Press.

Rachman, S. (1968). Phobias: Their nature and control. Springfield, IL: Thomas.

Rachman, S. (1975). The meanings of fear. Harmondsworth: Penguin.

Rachman, S. (1978). Fear and courage. San Francisco: W. H. Freeman.

Raulin, M. L., & Wee, J. L. (1984). The development and initial validation of a scale to measure social fear. Journal of Clinical Psychology, 40, 780-784.

Rose, R. J., & Ditto, W. B. (1983). A developmental-genetic analysis of common fears from early adolescence to early adulthood. Child Development, 54, 461-368.

Solantaus, T., Rimpela, M., & Taipale, V. (1984, April 7). The threat of war in the minds of 12-18 year olds. Lancet, 1 (8380), 784-785.

Stone, G. C. (1980). Psychology and the health system. In G. C. Stone, F. Cohen, N. E. Adler & Associates Health psychology (pp. 47-75). San Francisco, CA: Jossey-Bass.

Wayne, I., & Rubel, R. J. (1982). Student fear in secondary schools. Urban Review, 14, 197-237.

Wolpe, J., & Lang, P. J. (1964). A fear survey schedule for use in behaviour therapy. Behavior Research and Therapy, 2, 27-30.

TABLE 1

Categories of Fearful Events or Experiences

Category	Fearful Events or Experiences
I - Disaster	Tornado Earthquake Lightning and thunder
II - Violence	Mugging Guns Sexual assault
III - Emotional/Social	Death of a parent Losing friends Being ignored Feeling rejected Own death Losing control emotionally Being criticized Being emotionally hurt Parents' divorce Ending up alone Feeling disapproved of
IV - School-related	Taking tests Speaking in public Failing grades Making mistakes
V - Health-related	Dentists Doctors Cancer Heart attack
VI - Miscellaneous	Being in a strange place Nuclear war Automobile accident Computers Darkness Being overweight Unemployment People with authority People with deformities People from foreign countries

TABLE 2

Mean Scores and Standard Deviations of 35 Fearful Events or Experiences of Selected University Students

Fearful Event or Experience	Mean Score	Std. Dev.
Death of a parent	4.29	1.12
Nuclear war	3.50	1.49
Failing grades	3.43	1.36
Automobile accident	3.30	1.26
Cancer	3.26	1.45
Losing friends	3.16	1.27
Speaking in public	3.06	1.33
Ending up alone	3.05	1.36
Being emotionally hurt	3.00	1.17
Own death	2.99	1.45
Feeling rejected	2.87	1.21
Unemployment	2.78	1.29
Sexual assault	2.74	1.60
Taking tests	2.71	1.02
Tornado	2.70	1.33
Heart attack	2.63	1.50
Guns	2.60	1.29
Losing control emotionally	2.58	1.25
Being overweight	2.58	1.46
Feeling disapproved of	2.52	1.09
Parents' divorce	2.49	1.54
Making mistakes	2.44	1.10
Mugging	2.40	1.23
Earthquake	2.30	1.39
Being in a strange place	2.18	1.04
Being criticized	2.18	1.05
Being ignored	2.16	1.14
Dentists	2.02	1.25
People with authority	1.96	0.98
Doctors	1.86	1.08
Computers	1.77	1.02
Darkness	1.66	1.01
People with deformities	1.60	1.61
Lightning and thunder	1.51	0.94
People from foreign countries	1.29	0.69

TABLE 3

Significant t-tests for Mean Differences in Gender

	N	$\bar{X}$	Std.Dev.	P> T
Violence				
Males	94	6.096	2.79	.0001
Females	87	9.529	2.97	
School				
Males	94	11.149	3.13	.0445
Females	87	12.161	3.56	
Emotional/Social				
Males	94	27.383	7.12	.0087
Females	87	30.356	7.88	
Miscellaneous				
Males	94	21.361	5.66	.0023
Females	87	23.920	5.48	
Total Fear Score				
Males	94	81.567	19.52	.0002
Females	89	93.011	20.96	

TABLE 4

ANOVA Summary Table For Age
For Fear Categories with Significant Differences (p<.05)

Source	df	SS	MS	F	P>F
Dependent Variable = Violence					
Model	13	322.37	24.80	2.45	.0046
Error	167	1689.94	10.12		
Total	180	2012.31			
Dependent Variable = Emotional/Social					
Model	13	1406.99	108.23	2.00	.0238
Error	167	9056.63	54.23		
Total	180	10463.62			
Dependent Variable = Total Fear Score					
Model	13	10614.82	816.52	1.99	.0242
Error	167	68498.39	410.17		
Total	180	79113.21			

TABLE 5

ANOVA Summary Table for Year in School
For Fear Categories with Significant Differences (p<.05)

Source	df	SS	MS	F	P>F
Dependent Variable = School					
Model	4	181.12	45.28	4.27	.0025
Error	176	1866.82	10.61		
Total	180	2047.94			
Dependent Variable = Emotional/Social					
Model	4	646.40	161.60	2.90	.0235
Error	176	9817.21	55.78		
Total	180	10463.61			
Dependent Variable = Total Fear Score					
Model	4	5343.33	1335.83	3.19	.0148
Error	176	73769.88	419.15		
Total	180	79113.21			